



## WAITLIST PRE-APPLICATION

**Kincaid Court**  
**6210 Parker Road East**  
**Sumner, WA 98390**  
**253-863-8818 - Office**  
**253-826-1006 - Fax**

HEAD OF HOUSEHOLD LEGAL NAME	PHONE NUMBER	E-MAIL ADDRESS
STREET ADDRESS	CITY	WA ZIP
BEDROOM PREFERENCE: STUDIO ____ 1 BEDROOM ____ NO PREFERENCE ____		

**LIST ALL PERSONS WHO ARE EXPECTED TO RESIDE IN YOUR APT.: PLEASE PRINT FULL LEGAL NAME**

NAME	RELATION	SOCIAL SECURITY #	GENDER	BIRTHDATE

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:**

	YES	NO
Are you and/or the co-applicant 62 years of age or older?		
Are you and/or the co-applicant disabled and under the age of 62?		
If you and/or the co-applicant are disabled, do you need the feature of a fully accessible unit?		
Do you have any pets? List here:		
Are you and/or the co-applicant a Student Enrolled in an Institute of Higher Education?		
What is the gross annual income for the entire household?(including income from assets)	\$	
Are you and/or the co-applicant a US citizen		
Or, are you and/or the co-applicant a non-citizen who has eligible immigration status:		
Have you and/or the co-applicant served in the U.S armed forces?		
Have you ever been convicted of a felony?		
Are you or anyone named on this application subject to State lifetime sex offender registration in any state?		
Have you ever been evicted? If so when?		
<b>ACCOMODATIONS</b> <i>if you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign. Upon request, Catholic Housing Services will provide reasonable accommodations to people with disabilities so they can participate in our programs.</i>		
Is there anything that prevents your household from applying for housing, occupying your unit and/or participating fully with the program?		

**(OPTIONAL) RACE AND ETHNICITY OF HEAD OF HOUSEHOLD: ETHNICITY:**  Hispanic or Latino  Not Hispanic or Latino **RACE:**  American Indian/Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

How did you hear about the property? (Check all that apply)  Printed ad  Friend  
 Flyer/Brochure  Current Resident  Other (please specify) \_\_\_\_\_

Catholic Housing Services is committed to providing equal opportunity in the provision of housing. We do not discriminate on the basis of race, color, religion, sex, disability, national origin or familial status. If you have any questions about the application process, please call the Manager of the building(s) to which you applied.

I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:

APPLICANT (HEAD) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-HEAD/SPOUSE/ OTHER ADULT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This pre-application must be signed and dated to be complete. Incomplete applications will not be placed on the waiting list. Refer to property's Tenant Selection Plan for eligibility requirements for this apartment community.

Individuals with disabilities have the right to request reasonable accommodations in all written notices given to applicants and tenants.

Unit Size	Maximum Number of Occupants
Studio	2
1 Bedroom	3

**Office Use Only: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION**

DATE RECEIVED	TIME RECEIVED	PERSON THAT RECEIVED APPLICATION AND REVIEWED FOR COMPLETENESS:	SIGNATURE

Owner or Property Name:	Catholic Housing Services does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.		
504 Coordinator Name:	Katherine Reyes		Telephone # (206)328-5631
Address:	100 23 <sup>rd</sup> Ave S. Seattle, WA 98144		

